STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Golden Acres	CHAPTER 100.1
Address: 45-525 Duncan Drive, Kaneohe, Hawaii 96744	Inspection Date: January 17, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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	FINDINGS Substitute Care Giver #1 – No annual physical exam clearance.	to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.	All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented	§11-100.1-9 Personnel, staffing and family requirements.	RULES (CRITERIA)
Pls. See copy attributed	The annual Physical exam clearance From is corrected by MD.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	DID YOU CORRECT THE DEFICIENCY?	PART 1	PLAN OF CORRECTION
	01/21/2000				Completion Date

Compression		
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	FINDINGS Primary Care Giver's assessment completed three (3) days after resident #1's admission.	Documentation of primary care giver's assessment of resident upon admission;	§11-100.1-17 Records and reports. (a)(1) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	RULES (CRITERIA)
Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.			PART 1	PLAN OF CORRECTION
				Completion Date

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	to my tamissic checklist to be described antice on the	
(8) X	signed + cosigned.	
	SCG on day of admission	
	Phimpy Cue Giver assessment date	FINDINGS Primary Care Giver's assessment completed three (3) days after resident #1's admission.
	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	Documentation of primary care giver's assessment of resident upon admission;
	FUTURE PLAN	
Completion Date	PLAN OF CORRECTION	RULES (CRITERIA) S11-100.1-17 Records and reports (a)(1)

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	emergency information sheet	
2 × × × × × × × × × × × × × × × × × × ×	Medications on resident #1	
	CORNECTED THE DEFICIENCY	FINDINGS Medications on resident #1's emergency information sheet are not current and up to date.
	USE THIS SPACE TO TELL US HOW YOU	available for review by the department or responsible placement agency.
	DID YOU CORRECT THE DEFICIENCY?	All records shall be complete, accurate, current, and readily
	PART 1	S11-100.1-17 Records and reports. (f)(4) General rules regarding records:
Completion Date	PLAN OF CORRECTION	

				\boxtimes	
		sheet	All records shall be complete, accurate, current, and readily available for review by the department or responsible	§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:	RULES (CRITERIA)
75.29		HEAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? A Checklist IS phred in the hinder cover as a reminder to update emergency in terms when sheet the mediation change. The indication change is well to signed by RCG & SCG.	FUTURE PLAN	PART 2	PLAN OF CORRECTION
.20 stra18 P2.57	S	0x (nr) 81/1			Completion Date

Licensee's/Administrator's Signature: / / work found cum

Print Name: MIGNEL PASCUAL, CNA

Date: 2/4/7170

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